



7780 Office Plaza Drive S. Suite 184 West Des Moines, IA 50266-2337 Phone: 515.223.0159 Fax: 515.223.5429 www.kiesling.com

October 11, 2013

OCT 242013

Received & Inspected

FCC Mail Room

Office of the Secretary Federal Communications Commission 9300 East Hampton Drive Capitol Heights, MD 20743

RE: In the Matter of Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund, WC Docket No. 10-90, GN Docket No. 09-51, WC Docket No. 07-135, WC Docket No. 05-337, CC Docket No. 01-92, CC Docket No. 96-45, WC Docket No. 03-109, WT Docket No. 10-208, Order, 27 FCC Rcd 605 (2012).

With this letter we file **Orange City Communication**, **LLP (SAC 359061)** FCC Form 481, which is due to the Commission on or before October 15, 2013.

This filing has already been submitted with USAC and an electronic filing has been made with the relevant state regulatory agency.

Please call me at 515-223-0159 if you have any questions concerning this filing.

KIESLING ASSOCIATES LLP

Robert I. Umsted, CPA

Regulatory Consultant/Senior Manager

Enclosures

cc: Paul Bergmann, Orange City Communication, LLP

			FLC form 441 Casp 30ng Casps
	in 48% Carrier Annual Reporting Blection Form		ONTE SÕEG-0819 Ang: Burthen Entirekta per Rulipkin Juht. 20 Huara
<010>	Study Area Code	359061	
<015>	Study Area Name	Orange City Communication, LLP	
	Program Year	2014	Received & Inspected
	Contact Name: Person USAC should contact with questions about this data	Brent Olson	OCT 2 4 2013
<035>	Contact Telephone Number:		FCC Mail Room
	Number of the person identified in data line <030>	712-271-5501	FOO Man
<039>	Contact Email: Email of the person identified in data line <030>	Brent.Olson@LongLines.com	
			54.313 54.422
ÄNNUA	l reporting for all carriers		Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
~200S	Outage Reporting (voice)	(complete attached worksheet)	
<210>	X < check box if no outag		
<300>	Unfulfilled Service Requests (voice)		
<310>	Detail on Attempts (voice)	(attach descriptive document)	
	Unfulfilled Service Requests (broadband)		
<330>	Detail on Attempts (broadband)	(attach descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)		X
<410>	Fixed 0		
<420>	Mobile 0		
	Number of Complaints per 1,000 customers (broadband)		
<440>	Fixed		
<450>	Mobile		
<500>	Service Quality Standards & Consumer Protection Rules Co	mpliance (check to indicate certification)	Х
<510>		(attached descriptive document)	X
	Functionality in Emergency Situations	(check to indicate certification)	X
<610> <700>	Company Price Offerings (voice)	(attached descriptive document) (complete attached worksheet)	X
	Company Price Offerings (Voice) Company Price Offerings (broadband)	(complete attached worksheet)	
	Operating Companies and Affiliates	(complete attached worksheet)	X
	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	
<1000>	Voice Services Rate Comparability	(check to indicate certification)	
<1010>		(attach descriptive document)	
	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	
<1110> <1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet) (complete attached worksheet)	X
			· · · · · · · · · · · · · · · · · · ·
	Price Cap Carriers, Proceed to Price Cap Additional Docum Including Rate-of-Return Carriers affiliated with Price Cap L	· · ·	
<2000>	aj aj	(check to indicate certification)	
<2005>		(complete attached worksheet)	
	Rate of Return Carriers, Proceed to ROR Additional Docum	nentation Worksheet	
<3000>		(check to indicate certification)	
<3005>		(complete attached worksheet)	

	vice Quality Improvement Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359061	
<015>	Study Area Name	Orange City Communication, LLP	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Brent Olson	
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-271-5!	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Brent.Olson@LongLines.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no)	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)	
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony		
	service Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.po	df)
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice) Data Collection Form OMB Control No. 3060-08 OMB Control No. 3060-08	
July 2013	

<010>	Study Area Code	359061
<015>	Study Area Name	Orange City Communication, LLP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brent Olson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-271-5501
<039>	Contact Email Address - Email Address of person identified in data line <030>	Brent.Olson@LongLines.com

<220>	<8>	412	< 0 2>	<b3></b3>	<b4></b4>	<c1></c1>	4 (2)	<d><d></d></d>	@ >	ক	· gp	ďю
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
						<u> </u>						
		<u> </u>										
										_		
								<u> </u>				
									 	 		

	erating Companies and Affiliates ection Form		FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359061	
<015>	Study Area Name	Orange City Communic	cation, LLP
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Brent Olson	
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-271-5501	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Brent.Olson@LongLine	es.com
<810>	Reporting Carrier	Advanced Network Co	
<811>	Holding Company	Advanced Network Co	
<812>	Operating Company	Advanced Network Co	mmunications LLC
<813>	alx .	<a2></a2>	<a3></a3>
40132	O SAN BELLINA DE LA MARTÍNIA DEL LA MARTÍNIA DEL LA MARTÍNIA DE LA MARTÍNIA DEL LA MARTÍNIA DE LA MARTÍNIA DEL LA MARTÍNI		
	Affiliates	SAC	Doing Business As Company or Brand Designation
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	oal Lands Reporting	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986
		OMB Control No. 3060-0819
		July 2013
242		
<010>	Study Area Code	359061
<015>	Study Area Name	Orange City Communication, LLP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brent Olson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-271-5501
<039>	Contact Email Address - Email Address of person identified in data line <030>	Brent.Olson@LongLines.com
<910>	Tribal Land(s) on which ETC Serves	
/310/	Tribal Lana(3) on Willon LTC 361763	
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for	
	each these boxes to confirm the status described on the attached	
	PDF, on line 920, demonstrates coordination with the Tribal	
	government pursuant to § 54.313(a)(9) includes:	
		_
	Select	
	(Yes,No,	,
	NA)	
<921>	Needs assessment and deployment planning with a focus on Tribal	
	community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	7
<927>	Compliance with Environmental Review processes	•
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	
-5-5-		

	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359061	
<015>	Study Area Name	Orange City Communication, LLP	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Brent Olson	
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-271-5501	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Brent.Olson@LongLines.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

(1200) Te Lifeline	rms and Condition for Lifeline Customers			FCC Form 481 OMB Cantrol No.: 3060-1986
Data Coll	ection Form			OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		359061	
<015>	Study Area Name		Orange City Communication, LLP	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Brent Olson	
<035>	Contact Telephone Number - Number of person identified in data	line <030>	712-271-5501	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	Brent.Olson@LongLines.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	 		
		Name of attached do	ocument (.pdf)	
.4.220	Calcan Buildia Walantan	LITTO		
<1220>	Link to Public Website	НТТР		
	Please check these boxes below to confirm that the attached PDF.			
	on line 1210, or the website listed, on line 1220, contains the			
	required information pursuant to § 54.422(a)(2) annual reporting			
	for ETCs receiving low-income support, carriers must annually			
	- 1, 1			
<1221>	report: Information describing the terms and conditions of any voice	x		
(1221)	telephony service plans offered to Lifeline subscribers,			
	telephony service plans offered to thefine subscribers,			
<1222>		×		
	Details on the number of minutes provided as part of the plan,	. .		
<1223>	Additional charges for toll calls, and rates for each such plan.	X		

erez wantenen eran			
(2005) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	action Form		QMB Control No. 3060-0986
includina	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		QMB Control No. 3060-0819
•			3uly 2013
			LOLY AULA
<010>	Study Area Code	359061	
<015>	Study Area Name	Orange City Communication, LLP	
<020>	Program Year	2014	
<030> <035>	Contact Name - Person USAC should contact regarding this data	Brent Olson 712-271-5501	
<039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	Brent.Olson@LongLines.com	
<033 2	Contact Email Address - Email Address of person identified in data line <0302	brent. Oison@congcines.com	
CHECK	the boxes below to note compliance as a recipient of Incremental Connect America Ph	ase I support, frozen High Cost support, High Cost support to offse	t access charge reductions, and Connect America
	Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the	information reported on this form and in the documents attached	below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
	Duice Con Comics Resolving Everan Comment Contification (47 CER & E4 212(a))		
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification		
<2012>	2014 Frozen Support Certification		
<2013>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
12013	2010 and later of other support continues		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF, on line 2021,		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient		
	of CAF Phase II support shall provide the number, names, and addresses of		
	community anchor institutions to which began providing access to broadband		
.2024	service in the preceding calendar year.	Name of Attack of December 1985 - December 1985	
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	

105) R	ta Of Acture Carrier Additional Documentation		FECForm 481
	estian form		
	COMMA FORM		CIMB Control No. 3050-0905
			GMB Central No. 3060-0819
			July 2013
			2000-0-0-0
<010>	Study Area Code	359061	
<015>	Study Area Name Program Year	Orange City Communication, LLP 2014	
<030>	Contact Name - Person USAC should contact regarding this data	Brent Olson	
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-271-5501	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Brent.Olson@LongLines.com	
CHECK th	e boxes below to note compliance on its five year service quality plan (pursuant CFR § 54.313(7)(2). I further certify that the	t to 47 CFR § 54.202(a)} and, for privately held carriers, ensuring or e information reported on this form and in the documents attache	
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Document Listing Required Information	
(3011)	Please check this box to confirm that the attached PDF, on line 3012,	• • • • • • • • • • • • • • • • • • • •	
	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) (3013) (3014)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information	- [(Yes/No)
(3020)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report		
(3020)	in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3023)	Borrowers, Underlying information subjected to a review by an independent certified public accountant		
(3024) (3025)	Underlying information subjected to an officer certification.		
,5023)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certifications Reporting Carrier Deta Collection Form DMB Control No. 3050-0885 DMB Control No. 5050-0819 duly 2013

<010>	Study Area Code	359061
<015>	Study Area Name	Orange City Communication, LLP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Brent Olson
<035>	Contact Telephone Number - Number of person identified in data line <030>	712-271-5501
<039>	Contact Email Address - Email Address of person identified in data line <030>	Brent.Olson@LongLines.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier:				
Signature of Authorized Officer:		Date		
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	10/15/2013		
	can be punished by fine or forfeiture under the Communications A onment under Title 18 of the United States Code, 18 U.S.C. § 1001.	act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or		

Certifical Data Col	ion - Agent / Carrier ection Form	FCC Form 481 OME Control No. 3050-0585 OME Control No. 3050-0819 July 2015
<010>	Study Area Code	359061
<015>	Study Area Name	Orange City Communication, LLP
<020>	Program Year	2014

Brent Olson 712-271-5501

Brent.Olson@LongLines.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Contact Name - Person USAC should contact regarding this data
 Contact Name - Person USAC should contact regarding this data
 Contact Telephone Number - Number of person identified in data line <030>
 Contact Email Address - Email Address of person identified in data line <030>

I certify that (Name of Agent) Kiesling Associates LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent: Klesling Associates LLP				
Name of Reporting Carrier: Orange City Communication, LLP				
Signature of Authorized Officer: /s/Paul Bergmann		Date: 10/3/2013		
Printed name of Authorized Officer: Paul Bergmann				
Title or position of Authorized Officer: CFO				
Telephone number of Authorized Officer: 712-271-4000				
Study Area Code of Reporting Carrier: 359061	Filing Due Date for this form:	10/15/2013		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Annual Reports for CAF or LI Recipien	is on behan of reporting carrier
, as agent for the reporting carrier, certify that I am authorized provided the data reported herein based on data provided by t	· ·	· · · · · · · · · · · · · · · · · · ·
lame of Reporting Carrier: Orange City Communication, LLP		
lame of Authorized Agent or Employee of Agent: Kiesling Assoc	iates LLP	
Signature of Authorized Agent or Employee of Agent: /s/Kiesling Associates LLP		Date: 10/3/2013
rinted name of Authorized Agent or Employee of Agent: Kieslin	g Associates LLP	
itle or position of Authorized Agent or Employee of Agent: Regu	latory Consultant	
elephone number of Authorized Agent or Employee of Agent: 5	15-223-0159	
tudy Area Code of Reporting Carrier: 359061	Filing Due Date for this form:	10/15/2013



FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Orange City Communication, LLP certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Orange City Communication, LLP certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the 2013 Lifeline Week news release.

A Lifeline <u>application form</u> is available from your local telephone service provider, the Iowa Utilities Board, or most <u>Community Action Agencies</u> in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Information about the <u>number of customers receiving Lifeline assistance</u> is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board (IUB) toll free at 1-877-565-4450, or visit www.fcc.gov/lifeline or www.usac.org

Number of local minutes provided: Unlimited local calling

Additional charges for toll calls: Toll calls are billed at carriers' standard rates